

MEDICINE TODAY

This department of California and Western Medicine presents editorial comment by contributing members on items of medical progress, science and practice, and on topics from recent medical books or journals. An invitation is extended to every member of the California, Nevada and Utah Medical Associations to submit brief editorial discussions suitable for publication in this department. No presentation should be over five hundred words in length.

“Putrefaction Antigen.”—The recent demonstration that the newly discovered “putrefaction specificity” is at times present in human feces, suggests hitherto ignored etiologic factors in clinical medicine. By the application of quantitative precipitin and complement-deviation reactions Doctor Sulmann of the Nutritional Institute, Berlin,¹ obtained evidence that as a result of bacterial putrefaction, meat proteins acquire wholly new antigenic properties. This new “putrefaction antigenicity” is allegedly independent of the animal species from which the meat is obtained, and also independent of the purposeful or accidental bacterial species producing the putrefaction. This new heterophile specificity is not immunologically identical with any initial or intermediary product of normal peptic or tryptic digestion. It also is alleged to differ serologically from all known end products of destructive proteolysis. The antigen is colloidal in nature. Injected into rabbits, it stimulates the formation of both a specific antiputrefaction precipitin and a specific antiputrefaction complement-deviating antibody. These antibodies react with all putrid meats thus far tested, and also react with putrid milks. They do not react, however, with milks soured by the ordinary lactic acid bacillus.

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Local Anesthesia in Traumatic Surgery.—In the urgency which is part of the reception and treatment of injured persons in an emergency hospital having large daily admissions, there is prone to be a disregard for the proper consideration of anesthetics to be used.

The very nature of traumatic surgery is such that the time element is an important factor; but the choice of an anesthetic in a given case is infinitely more important.

The surgeon working in a busy emergency hospital realizes fully that no great amount of time may be consumed in preanesthetic preparation of the patient; but regardless of this, many surgeons take for granted that any one of the general anesthetics is quite in order, and proceed accordingly, giving little or no thought to the possibility of accomplishing the same results under infiltration anesthesia. While it is true that there is a definite and ample threshold of safety with the recognized types of inhalation anesthesia and that the primary danger accompanying the administration of the anesthetic is relatively nil, nevertheless the postanesthetic dangers in the form of prolonged vomiting, dehydration, acidosis, pneu-

monia, and lung abscess that may ensue when an improperly prepared patient is given a general anesthetic are too real to be ignored.

We, as surgeons, are duty bound to conserve life and restore impaired and damaged organs to a maximum degree of anatomic and physiologic efficiency. In doing this we are obligated to do so in a manner that protects all interests of the patient; and when we give a general anesthetic to a patient, who for want of time cannot be properly prepared, and whose surgical condition does not contraindicate infiltration anesthesia, we, in thus acting, are not properly protecting the best interests of our patient.

Repair of wounds of the face and extremities and reductions of uncomplicated fractures of the arms and lower legs may be readily accomplished under infiltration anesthesia.

Frequently one sees a patient with such an extensive laceration of tissue, muscles and tendons that anatomical relationships are all but obliterated or distorted. Under infiltration anesthesia the repair work upon these muscles and tendons may be very accurately accomplished for the reason that muscle activity is directly under the control of the conscious patient, and tendomuscular action can accurately be determined and the severed ends accurately approximated.

The usage and indications for local anesthesia in emergency surgery are so extensive that it is only occasionally that the surgeon will be obliged to resort to a general anesthetic. Patience, practice, gentleness in handling tissue, and a knowledge of nerve distribution is all that is required of a surgeon in working to advantage with infiltration anesthesia.

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Health Department Records Held Confidential.—According to *Health News*, the Appellate Division of the Supreme Court has upheld the New York City Department of Health in its refusal to disclose records pertaining to patients treated at the department tuberculosis clinics. The decision was rendered in a case in which action was brought by the plaintiff as beneficiary to recover the amount alleged to be due on an insurance policy. The City Department of Health refused to permit an inspection or examination of records, books, and papers in connection with the treatment of the insured person for a communicable disease on the ground that “to divulge the secret information contained therein would be in violation of the rule of the department and against public policy.” The court held further that, “The protection thus afforded the people of the city of New York is of much greater importance than the interest of a litigant in an action of this character.” The court added: “To divulge to the world the secrets of a patient would not only be shocking, but against public policy”—*Pennsylvania Medical Journal*, April, 1932.

¹ Sulmann, F.: *Ztschr. f. Immunitätsforsch. u. exper. Therap.* 70:472, 477; 71:265, 385; 72:1, 1931.